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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/584,313			ing Date 11/2006	☐ To be Mailed
APPLICATION AS FILED — PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY ☐ OR SMALL ENTITY  OR OTHER THAN											
	FOR	, ,	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A		N/A		]	N/A	
	EXAMINATION FE (37 CFR 1.16(a), (p),		N/A		N/A		N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		x \$ =		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =		•		X \$ =		1	X \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheet is \$2 addi	ts of pap 50 (\$125 tional 50	wings exceed 100 ution size fee due by) for each tion thereof. See 37 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									1		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		1	TOTAL	
APPLICATION AS AMENDED – PART II         OTHER THAN           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY           CLAIMS         HIGHEST         HIGHEST         ThiGHEST         THIGH											
AMENDMENT	04/21/2011	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSL' PAID FOR	PRESENT Y EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	* 2	Minus	20	= 0		x s =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 2	Minus	<del></del> 3	- 0	1	X \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))										
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus		-		x s =		OR	x s =	
M	Independent (37 CFR 1 16(h))		Minus	***	-	]	x s =		OR	x s =	
Ä	Application Size Fee (37 CFR 1.16(s))					]			1		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	TOTAL ADD'L FEE	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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